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AUTHOR Dickinson, Dena; And Others
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ABSTRACT

Individuals with Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions (ARC) need continual care and support, at a level which can severely tax the health resources of a community. Public health nursing should have a central role in the effective and efficient response to this devastating problem. Since the early stages of the AIDS epidemic, public health nurses have provided a variety of services to AIDS and ARC patients. A standardized care plan to assist public health nurses in those services was developed. Eleven nursing diagnoses were identified as being commonly assessed in patients with AIDS: (1) inadequate knowledge base; (2) inadequate financial, housing, and health resources; (3) disturbance of psychosocial well-being; (4) ineffective coping mechanisms; (5) death and dying/grieving; (6) increased risk of infection; (7) alteration of nutrition and fluid status; (8) deficit in pain management; (9) alteration of activity level/immobility; (10) alteration in bowel/bladder elimination problems; and (11) circulation impairment. Parts of the care plan responding to these problems include coordination of discharge planning; case management including financial and housing services as well as appropriate health care; referrals to mental health services; patient education and counseling; nutrition counseling; monitoring of neurological changes and pulmonary condition; and prevention activities. The experience, training, and professional focus of public health nursing permit it to respond to the needs of patients affected by AIDS or ARC. (ABL)

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PUBLIC HEALTH NURSING

FOR

PEOPLE WITH AIDS

by

Dena Dickinson, RN, MS

Barouk Golden, PHN

Laurie Cheung, PHN

San Francisco Department of Public Health

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Public Health Nursing

Meeting Contemporary Challenges to Public Health Nursing Practice

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PUBLIC HEALTH NURSING FOR PEOPLE WITH AIDS

Dena Dickinson, RN, MS
B. Golden, PHN & L. Cheung, PHN

INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) is one of the greatest challenges of this century to the health care profession. The incidence of AIDS continues to increase at staggering rates and will ultimately touch everyone in one way or another. It has a significant impact on persons diagnosed with the disease, their families and friends, and health care professionals who work with this population. AIDS demands attention from professional, political, and public groups so that the disease can be studied, understood, and eradicated. Individuals who have AIDS must be cared for at all stages of their illness, with appropriate response to their ongoing needs for physical and emotional support.

Despite the critical nature of the disease, AIDS should be viewed as a chronic illness. The diagnosis of AIDS does not indicate the patient's level of functioning. There may be many acute, life-threatening episodes that will occur during the progression of the disease. Aggressive medical treatments provide recovery from many of the opportunistic infections, but wasting and impairment continue at varying rates as the disease progresses. Those with AIDS-related conditions (ARC) can be equally as debilitated without the confirmed diagnosis of AIDS. Individuals with AIDS and ARC need continual care and support, at a level which can severely tax the health resources in the community. Public health nursing should have a central role in the effective and efficient response to this devastating problem.

SAN FRANCISCO EPIDEMIOLOGY

By July 31, 1986, 2250 cases of AIDS were diagnosed in San Francisco. Of these 2250, 1275 have died. There are 15-35 cases of AIDS diagnosed each week. Of the total, 50% are between 30-39 years old, with 88% between 20 and 50 years. The Human Immunologic Virus (HIV) Antibody Alternate Test Site Program, from its beginning in July 1985 through July 1986, had performed 12,066 tests with a positive rate of 26.7%.

The demographics of AIDS in San Francisco have been diffferent from East Coast cities. Homosexual and bisexual men comprise 96.8% of the cases and 1.2% being intravenous drug users. This picture has been slowly changing with increasing incidence in the heterosexual population due to IV drug use, prostitution, and heterosexual contacts with people practicing high-risk behaviors. This change is reflected in the HIV Antibody testing program where an increasing number of clients appear to be from heterosexual groups. Another indicator of potential spread is the prevalence of sexually transmitted diseases among young minority individuals. There is an increased effort to reach these populations with an education and prevention campaign.

PUBLIC HEALTH NURSING

Since the early stages of the AIDS epidemic, public health nurses (PHN) have provided a variety of health care services to persons with AIDS and ARC. There were PHNs on the initial Department of Public Health AIDS health care planning committees. In 1983, a PHN was assigned half time as an AIDS liaison to develop programs and to coordinate services with the San Francisco General Hopital. A Supervising PHN organized groups for support and education of PHNs providing care to people with AIDS. Out of these groups, the staff recognized the need for

having a standardized care plan to assist PHNs in dealing with the complex needs of these clients and providing quality care. Eleven nursing diagnoses were identified as commonly occurring in people with AIDS: 1) inadequate knowledge base; 2) inadequate financial, housing, and health resources; 3) disturbance of psychosocial well-being; 4) ineffective coping mechanisms; 5) death and dying/grieving; 6) increased risk of infection; 7) alteration of nutrition and fluid status; 8) deficit in pain management; 9) alteration of activity level/immobility; 10) alteration in bowel/bladder elimination patterns; and 11) circulation impairment. The care plan responded to this list of problems.

Referrals to Public Health Nursing come from inpatient units, clinics, and other community agencies. Coordination of discharge planning and services by different agencies is crucial. Case management activities can help connect clients with financial and housing services as well as appropriate health care. Referrals to mental health services and support groups are important since psychological and emotional problems are inevitable and suicidal ideation is frequent. It is essential to utilize only therapists who are sensitive to lifestyle issues and knowledgeable about AIDS. There are special issues of sensitivity that must be considered when dealing with AIDS, such as homophobia, stereotyping, and stigmatization of the patient. Education and counseling by PHNs are essential for increasing the client's understanding of the diagnosis, treatments, symptoms, medications, and side effects, as well as preventing the spread of the disease.

Alteration in nutrition and fluid status is a primary problem experienced by clients with AIDS and ARCs and requires nutrition counseling for high caloric intake. Weight loss may be due to anorexia,

nausea and vomiting, dysphagia due to mucocutaneous lesions, and persistent diarrhea. These problems may be side effects of medications and treatments, or caused by infections such as cryptosporidiosis, salmonellosis, or candidiasis.. Nutritional depletion compounds the general physical wasting characteristic of AIDS, and leads to increased compromise of the integumental and immunological systems. Symptom management and diet planning promote the individual's optimal nutritional state and degree of strength.

People with AIDS and ARC are exhibiting neurological problems with increasing frequency. Changes in neurological status may be related to drug reactions, depression, infectious lesions, and primary HIV brain involvement. Toxoplasmosis, cryptococcus, and lymphomas are the most common causes of neurological involvement. Subacute encephalitis occurs in about 25% of those presenting with neurological dysfunction, manifesting as a progressive dementia. The cause of this syndrome in AIDS patients is unclear but may be related to Cytomegalovirus (CMV) infection.

Confusion and disorientation are initial signs of neurological involvement, progressing to headaches, focal motor deficits, and seizures which may be followed by coma and death. Memory loss, impaired concentration, apathy, agitation, ataxia, and tremors are other signs and symptoms that may be observed as early stages of AIDS dementia. The Public Health Nurse can play an important role in monitoring for neurological changes as well as assisting to provide a structured and supportive environment. Consistent surroundings, routine schedules, and familiarity of objects and people will aid in the management of the dementia. Medications that depress the central nrevous system should be minimized and drug interactions closely evaluated.

Pulmonary complications are frequent sources of morbidity and mortality in people with AIDS. The most common causes of respiratory infections are Pneumocystis carinii, Mycobacterium avium intracellulare, and CMV. Kaposis Sarcoma (KS) may also effect the pulmonary system. Any combination of these conditions increases the mortality rate. The development of symptoms might be insidious or quite abrupt. Symptoms include increased shortness of breath, dry cough, fevers, and chest pains. The frequency of PHN visits should be adjusted to the severity and progression of symptoms. Monitoring respiratory status, instructing on factors that effect compromise (e.g., stress, smoking, overexertion), and assisting with treatments will be included in the nursing care plan. Medications for treating respiratory opportunistic infection include pentamidine and sulfamethoxazole for PCP and experimental drugs such as DHPG for CMV. Many of these drugs are highly potent and can have severe side effects which must be monitored.

Beyond caring for the individual with the diagnosis of AIDS or ARC, the public health nurse must assume an active role in preventing the spread of the disease. The high-risk perinatal cases that involve drug abuse by the mother are a critical target for education about AIDS. Women who are IV drug users, sexual partners of high risk-persons, or sexually active with different partners are at an increased risk of being infected and transmitting HIV perinatally. PHNs who work with perinatal clients or in family planning clinics should evaluate the risk level of their clients and provide appropriate risk-reduction and pregnancy counselling. Women in risk groups need to consider HIV antibody testing and be provided with information about the possible effects of pregnancy to themselves and to the infant.

INFECTION CONTROL

Infection control practices in the community should be based on basic principles. HIV is not spread casually by household contact. It can be killed by regular household bleach and controlled by good hygienic practices. Handwashing is the basic approach, as with any client contact. Gloves are recommended when there is contact with blood or secretions. Masks and gowns are not necessary unless the client is coughing excessively or soiling of clothes might be anticipated. Household cleaning recommendations include washing dishes in hot soapy water, cleaning surfaces with a dilute bleach solution, keeping living quarters well ventilated, disposing of contaminated waste in a covered container, and disposal of body waste down the toilet. Towels, tooth brushes and razors should not be shared. The greater risk is to the person who is immunocompromised, so protection of the person with AIDS from outside infections must also be considered.

CONCLUSION

The standardized care plan was created to assist public health nurses work effectively with a new and complex situation. It provides a guideline that can be individualized as the nurse's knowledge of the client increases. It is intended to be a resource for education, training, and evaluation, and assists in recording nursing care in a concise manner in the problem-oriented records. The effectiveness of this tool continues to be evaluated.

Another factor to consider is the impact on the care providers, the public health nurses who may become emotionally drained by providing care to people who are dying. It is incumbant on the management staff to realize and address these issues.

This paper has touched on just a few of the many aspects of providing public health nursing to people with AIDS. An important point to remember is that the care required by the client with AIDS or ARC is distinguished only by its complexity. The needs are accentuated because of the severity of the disease processes. The comprehensive and devastating nature of the disease requires the attention of many people to meet the needs of those affected. The experience, training, and professional focus of public health nursing permit it to provide a central role in dealing with this challenge.

Table 1

Community Public Health Services
Public Health Nursing

Standardized Care Plan

ACQUIRED IMMUNE DEFICIENCY SYNDROME - NURSING DIAGNOSIS

1. Inadequate knowledge base re: disease process, resources, medication use, treatments due to 1) new diagnosis, b) unfamiliar treatments.

2. Inadequate financial, housing, and health resources due to a) loss of employment, b) loss of health insurance, c) displacement.

3. Disturbance of psychological well being (anxiety, anger, depression, fear, confusion) due to a) loss of control, b) fear of unknown, c) diagnosis/prognosis, d) debilitation and disfigurement, e) guilt or shame about association of lifestyle with disease, f) loneliness, g) loss of financial stability, h) fear of suffering and pain.

4. Ineffective coping mechanisms (e.g., substance abuse, suicide ideation and attempts, or destructive behavior) due to a) stress of disease, b) situational crisis, c) exhaustion of support systems, d) depression.

5. Death and dying: manifestation of grieving experience.

6. Increased risk of infection due to a) immune suppression, b) neutropenia secondary to treatment or disease, c) lack of knowledge of infection control practices.

   6a. Respiratory Infection
   6b. Integumentary Infections
   6c. Gastrointestinal Infections
   6d. Neurological Infections

7. Alteration in nutrition and fluid status due to a) decreased/loss of appetite and anorexia, b) malabsorption, c) diarrhea, nausea, and vomiting, d) weight loss secondary to disease process and/or increased metabolic demands, e.g. fever, infection, e) inadequate food intake secondary to lack of resources, f) inability to prepare or procure food.

8. Deficit in pain management due to a) knowledge deficit, b) disease process, c) soft tissue infiltrate, d) nerve compression, e) increased intrecranial pressure, f) ulceration, g) infection.

9. Alteration of activity level/immobility due to a) weakness and fatigue, b) decreased nutrition, c) anemia, d) wasting of disease process, e) respiratory deficiency, f) increased metabolic demands, g) demands of daily living, h) decreased rest and sleep.

10. Alteration in bowel/bladder elimination patterns (incontinence, diarrhea) due to a) weakness, b) disease process, c) cognitive impairment, d) loss of sphincter control, e) environmental hinderance, f) infection, g) impaired nutritional and fluid status (e.g., dehydration).

11. Circulation impairment due to a) edema, b) disease process, c) obstruction of venous system.

Table 2 cont.

NURSING DIAGNOSIS	EXPECTED OUTCOME (client/caregiver)	NURSING ACTION
(6b) Integumentary Infections	1) Skin integrity maintained, normal skin turgor	1) Ask if there are any skin problems (e.g. itching, rashes, boils, pain, blisters, changes in color).
	2) Recognizes changes in integument necessitating evaluation and seeks medical care promptly.	2) Assess for abnormalities of integument (e.g., intactness, turgor, temperature, color, odor, rashes, needle marks).
	3) States and/or demonstrates correct use of medications.	3) Document existence and characteristics of abnormalities observed (e.g. size, papules, macules, pustules, exudate).
	4) States and/or demonstrates treatments prescribed for skin problems.	4) Determine current treatment/medications being used and compliance with regimen.
	5) Identifies risk factors for developing new pathology and activities to minimize potential risk.	5) Assess ability to manage home treatments.
		6) Instruct in following areas: a. Skin care techniques, hygiene b. Use of medications and treatments c. Recognition of new pathology e.g. skin breakdown.
		7) Refer to appropriate sources as needed for assistive devices (sheep skin, air mattress).
		8) Notify practitioner of signs of pathology needing evaluation.
(6c) Gastrointestinal	1) Normal skin turgor	1) Assess and document signs and symptoms of gastrointestinal (GI) abnormalities and compare with baseline. - appetite change - food tolerance - thirst - diet - difficulty swallowing
	2) States s/s of fluid and electrolyte imbalance	
	3) No s/s of electrolyte and fluid imbalance.	
	4) Maintains stable weight	

NURSING DIAGNOSIS	EXPECTED OUTCOME (client/caregiver)	NURSING ACTION
(6c) con't		- nausea, vomiting - belching - stools: consistency, character, frequency, color, presence of blood and mucous, amount, odor - weight change - oral infection - flatus - s/s electrolyte or fluid imbalance: muscle weakness, numbness, dizziness.
	5) No nausea, vomiting or diarrhea or control of these symptoms.	
	6) States or demonstrates mouth care and perirectal skin care techniques.	
	7) States techniques of symptom management for chronic diarrhea, nausea, and vomiting.	
	8) Seeks medical assistance for persistent symptoms.	2) Assess and document health habits related to GI system - bowel habits - current medication (consider medication side effects of narcotics, salicylates, etc.) - eating patterns and preferences - alcohol consumption - stress factors - other medical problems, e.g. hepatitis, alcoholism, cancer.
		3) Assess general nutritional status, signs of malnutrition and factors which affect nutrition (Ref. 84).
		4) Assess mouth condition including gums, mucosa, tongue, and teeth/dentures.
		5) Assess abdomen for bowel sounds (presence, frequency, character), distention, and rigidity.
		6) Assess for rectal problems and refer to health practitioner e.g. rashes, inflammation, bleeding, excoriation, hemorrhoids, etc.

NURSING DIAGNOSIS	EXPECTED OUTCOME (client/caregiver)	NURSING ACTION
(6c) con't		7) Instruct in following areas: a. Mouth care - brush teeth with soft toothbrush or soft swab BID, rinse mouth with Hydrogen Peroxide solution half strength with a dash of salt QID after meals and bedtime (HS). b. Use of lubricants to keep lips clean, moist. c. Follow oral hygiene with anti-fungal medications or other medicated mouthwash as prescribed. Use soft swab for applying medication to infected areas. d. Normal nutrition and nutritional/dietary interventions for diarrhea, nausea and vomiting, stomatitis, dysphagia (Ref. #7). e. Infection control precautions. f. Symptoms of fluid and electrolyte imbalance. g. Parameters when to seek medical care: onset of new symptoms, significant change in symptoms. h. Use of medication to decrease nausea and vomiting. i. How to monitor and inspect sacrococcygeal and perianal areas with mirror to check for excoriation, rashes, inflammation. j. Skin care to rectal area. 8) Refer to health practitioner to evaluate and treat changes in G.I. status.